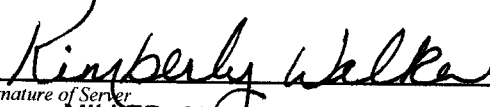


AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE 3/25/08	
NAME OF SERVER (PRINT) Kimberly Walker	TITLE Legal Secretary	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <input type="checkbox"/> Returned unexecuted: <input checked="" type="checkbox"/> Other (specify): Certified Mail No. 7007 3020 0001 8468 6042		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p>Executed on <u>4-9-08</u></p> <p style="text-align: center; font-size: small;">Date</p> </div> <div style="width: 60%;"> <p style="text-align: center;">  Signature of Server MILLER, CURTIS & WEISBROD, L.L.P. P.O. BOX 821329 DALLAS, TX 75382-1329 </p> <p style="text-align: center; font-size: small;">Address of Server</p> </div> </div>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

Southern

District of

New York

BETTY MARTIN

SUMMONS IN A CIVIL ACTION

V.

MERCK & CO., INC.

CASE NUMBER: MDL No. 1:06-MD-1789 (JFK)

08 CV 02539

TO: (Name and address of Defendant)

Merck & Co., Inc.
One Merck Drive
P.O. Box 100
Whitehouse Station, NJ

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Miller, Curtis & Weisbrod, LLP
11551 Forest Central, Suite 300
Dallas, TX 75243

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

J. MICHAEL McMAHON

CLERK



(By) DEPUTY CLERK

DATE

MAR 13 2008

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, A
 or PO Box
 City, State

C T Corporation System
 111 Eighth Avenue
 New York, NY 10011
 354653 KW 3/21/08 27MCW1360 B. Martin

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>C T Corporation System 111 Eighth Avenue New York, NY 10011 354653 KW 3/21/08 27MCW1360 B. Martin</p>		<p>B. Received by (Printed Name) Certified Mail</p> <p>C. Date of Delivery MAR 25 2008</p>	
<p>2. Article Number (Transfer from) 7007 3020 0001 8468 6042</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Service type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>3. Restricted Delivery? (Extra Fee)</p>		<p><input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102 3595-02-M-1540